

AMENDED CLAIM

VENDOR
CODE **002**

SOCIAL SECURITY NO.		SPOUSE'S SOCIAL SECURITY NO.			
LAST NAME		FIRST NAME	INITIAL	JR, SR	
BIRTHDATE	MM	DD	YY	TELEPHONE NUMBER	DECEASED <input type="checkbox"/> 2010
SPOUSE'S LAST NAME		FIRST NAME	INITIAL	JR, SR	
BIRTHDATE	MM	DD	YY	DECEASED <input type="checkbox"/> 2010	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)
PRESENT HOME ADDRESS			APT. NUMBER	CITY, TOWN, OR POST OFFICE	STATE ZIP CODE

QUALIFICATIONS

- ☐ A. 65 years of age or older **(Attach a copy of Form SSA-1099.)**
- ☐ B. 100% Disabled Veteran as a result of military service **(Attach a copy of the letter from Department of Veterans Affairs.)**
- ☐ C. 100% Disabled **(Attach a copy of the letter from Social Security Administration or Form SSA-1099.)**
- ☐ D. 60 years of age or older and received surviving spouse benefits **(Attach a copy of Form SSA-1099.)**

FILING STATUS

☐ Single ☐ Married — Filing Combined ☐ Married — **Living Separate for Entire Year**

**If married filing combined,
you must report both incomes.**

	0	1	2	3	4	5	6	7	8	9	TOTAL
HOUSEHOLD INCOME	1.	Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Forms SSA-1099 and/or RRB-1099.	1								00
	2.	Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc.	2								00
	3.	Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II).	3								00
	4.	Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs.	4								00
	5.	Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach copy of Forms SSA-1099, a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable.	5								00
	6.	TOTAL household income — Add Lines 1 through 5.	6								00
	7.	Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year;	7	-						00	
	8.	Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies. <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year, Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year, Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim.	8							00	
REAL ESTATE TAX / RENT PAID	9.	If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification..	9								00
	10.	If you rented, enter amount from Form MO-CRP, Line 9. Attach rent receipts and/or a statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.	10								00
	11.	Add Lines 9 and 10. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less.	11								00
CREDITS	12.	You must use the chart on pages 13-15 to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit. Note: Renters - maximum allowed is \$750. Owners - maximum amount allowed is \$1,100.	12								00

**DIRECT
DEPOSIT**

- a. Routing Number

--	--	--	--	--	--	--	--

 b. Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 c. ☐ Checking ☐ Savings

SIGNATURE

PREPARER'S PHONE

SIGNATURE

DATE _____

PREPARER'S SIGNATURE

FEIN, SSN, OR PTIN

SPOUSE'S SIGNATURE

DAYTIME TELEPHONE

PREPARER'S ADDRESS AND ZIP CODE

DATE _____

MO 860-1089 (12-2010)

For Privacy Notice, see instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2010

2010
FORM
MO-CRP

**FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED)		APT. NUMBER	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		APT. NUMBER
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - -	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR	TO: MONTH DAY YEAR		
		2010		2010	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, and/or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8 00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9 00

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